

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041850

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10762

FILED NOV 7 1963

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK
OR
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Days		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7607 Stanford				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Robert Lincoln Murphy						4. DATE OF DEATH Month October Day 29 Year 1963							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-22-1881		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done) Exec. Sec., Associated General Contrs. Retired				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Princeton, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Robert L. Murphy				13b. MOTHER'S MAIDEN NAME Fannie Stevens				14. NAME OF HUSBAND OR WIFE Grace L. Murphy					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No				16. SOCIAL SECURITY NO. [REDACTED]				17. INFORMANT Edith M. Moore, 7607 Stanford					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage due to Hypertension DUE TO (b) Hypertensive Cardio Vascular Disease DUE TO (c) 443x CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 3 days - 15 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 1947 to 29 Oct. 1963 and last saw him alive on 28 Oct 1963. Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE [Signature] M.D.						22b. ADDRESS University City, Mo		22c. DATE SIGNED 29 Oct 1963					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-31-1963		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery				23d. LOCATION (City, town, or county) St. Louis County, Missouri					
24. FUNERAL DIRECTOR Lupton Chapel, St. Louis, Missouri				ADDRESS		25. DATE RECD. BY LOCAL REG. OCT 30 1963		26. REGISTRAR'S SIGNATURE [Signature] M.D.					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.